ISSUE SEIP STAPLE AREA (for additional cross references)

POSITION	C AUTIVAL	ID NO.	DATE
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EE DETERMINATION			
D.I.P.E. CLASSIFIER			
FORMALITY REVIEW		(416)	12/13/00
RESPONSE FORMALITY REVIEW			

	<u> </u>	<u> </u>					
INDEX OF CLAIMS							
V	Rejected	N	Non-elected	•			
· =	Allowed	1A	Interference				
_ (Through numera	l) Canceled	0	Objected				
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Claim Date	Claim	Date	Claim	Date			
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If more than 150 claims or 10 actions staple additional sheet here

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